

Attachment B
EXPLAINING THIS
FORM (RED TEXT)

Federal ID # The Federal ID# is unique. This # is used by DCR in processing payments to grantees.

Project Title: _____

Reporting Period: **Enter the period of the reimbursement here; either a quarter or another date range.**

(beginning date)	(end date)		
_____	January - March	<u> X </u>	2006
_____	April - June	_____	2007
<u> X </u>	July - September	_____	2008
_____	October - December		

	Project Budget (A)	Current Expenditures (B)	Cumulative Expenditures (C.)	*Unexpended Project Balance (D)
Personnel	\$ -	\$ -	\$ -	\$ -
Fringe	\$ -	\$ -	C = Previous	D = A - C
Travel	\$ -	\$ -	Expenditures + B	\$ -
Equipment	\$ -	\$ -	\$ -	\$ -
Supplies	\$ 1,000.00	\$ 200.00	\$ 500.00	\$ 500.00
Contractual	\$ 15,000.00	\$ 3,000.00	\$ 7,000.00	\$ 8,000.00
Construction	\$ -	\$ -	(\$4,300 in Previous Expenditures)	
Other Direct	\$ -	\$ -	\$ -	\$ -
*TOTAL	\$ 16,000.00	\$ 3,200.00	\$ 7,500.00	\$ 8,500.00

Total Reimbursement Request: \$ 3,200.00 **The amount of the Reimbursement Request is the TOTAL Current Expenditures.**

	Project Match Budget	Current Match Expenditures	Cumulative Match Expenditures	*Unexpended Match Balance
Personnel	\$ -	\$ -	\$ -	\$ -
Fringe	\$ -	\$ -	\$ -	\$ -
Travel	\$ -	\$ -	\$ -	\$ -
Equipment	\$ -	\$ -	\$ -	\$ -
Supplies	\$ -	\$ -	\$ -	\$ -
Contractual	\$ -	\$ -	\$ -	\$ -
Construction	\$ -	\$ -	\$ -	\$ -
Other Direct	\$ -	\$ -	\$ -	\$ -
Indirect	\$ -	\$ -	\$ -	\$ -
*TOTAL	\$ -	\$ -	\$ -	\$ -

The Attachment B serves as the INVOICE for a grant payment. An authorized person who can verify the expenses are accurate signs this form. The original signed Attachment B is sent to the DCR Project Manager who then forwards it on to the Richmond Office Grant Manager for processing the reimbursement request.

Authorized Signature:

Date:

*These cells are formulas on the electronic version of this form.